

# Impact of HIV and STDs in Women

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# Main Points

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- Women are uniquely vulnerable to HIV and STD infection.
- Must gain men's cooperation to use protection.
- Various factors often disempower women in sexual situations.
  - Gender norms
  - Socioeconomic factors



# Women are uniquely vulnerable to HIV infection

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- The risk of transmission from an infected man to an uninfected woman is two times higher than from an infected woman to an uninfected man.
  - Biological
  - Women are receivers.

# Women make up a large proportion of HIV/AIDS cases

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- In the US, 1 in 4 cases (and 2 out of 3 heterosexual case) are women.
- Internationally, nearly 48% of cases are women.
- In Africa, where most transmission is heterosexual, 57% of cases are women.

# Most barrier protection is made for men.

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- The standard condom goes on a man's body.
- Female condoms cost more than five times male condoms.
- Female condoms are frequently unavailable.

# Effective microbicides not available for use by women.

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- Microbicides
  - gels, creams, or suppositories that can be used inside the vagina or anus to prevent HIV/STDs
- Little money has been put into research on development of effective microbicides.
- A few tested microbicides have been found to be ineffective or worse.

# Gender norms frequently disempower women.

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- Masculinity prescribes a take-charge role in sexual encounters.
- Femininity a passive one.
  - These roles can be inconsistent with making safe choices about whom to have sex with and the use of barrier protection.

# Other societal factors also contribute.

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- The female member of a couple tends to be younger than the male member.
  - Studies of young women point to sex with older men as a risk factor for STDs.
- On average, women continue to make less money than men, conferring less power and independence.



# Socioeconomic factors often place women in difficult circumstances.

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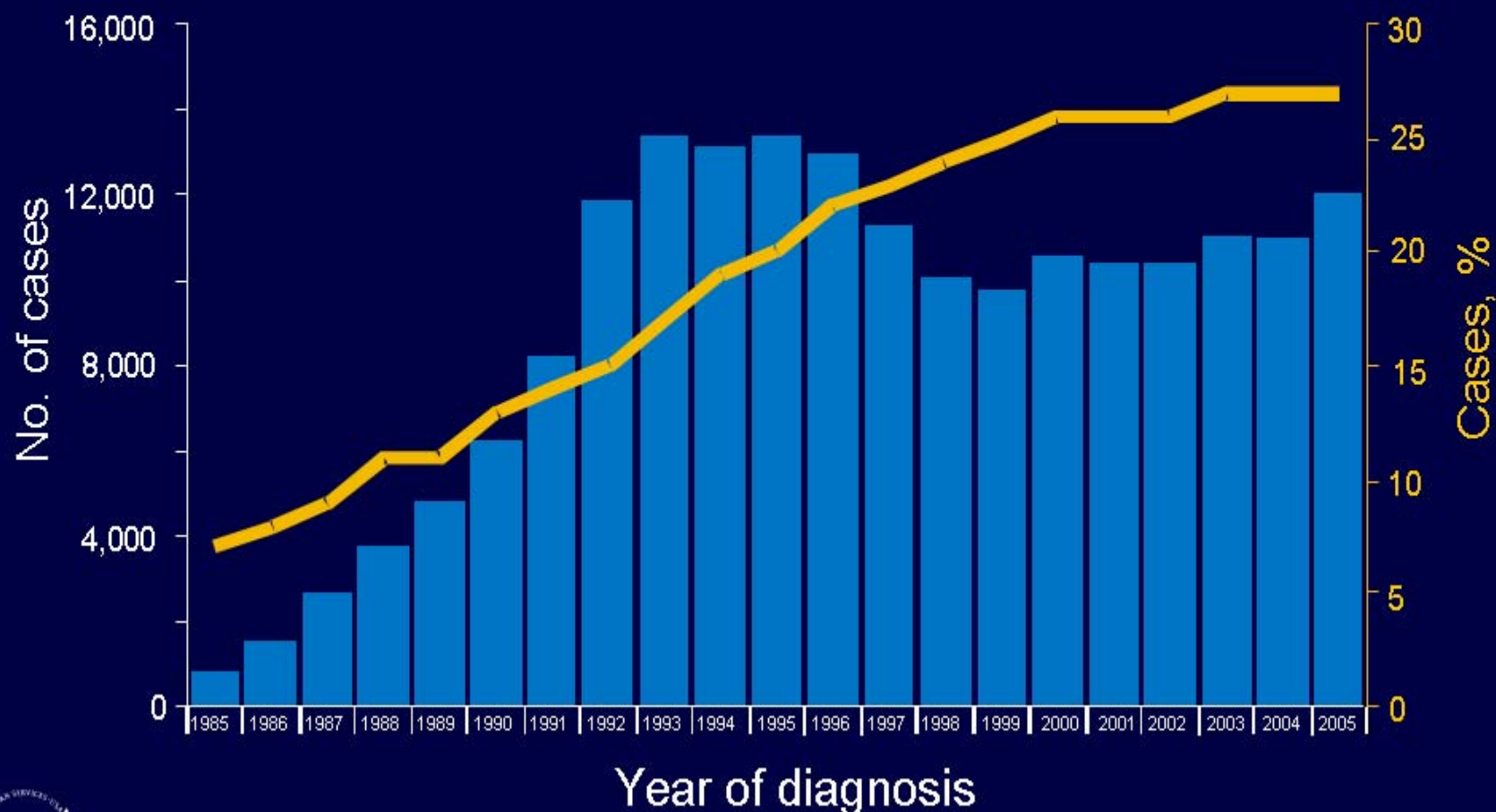
- At the extremes, this can include formal sex work to support oneself or one's family.
- It can also include informal sexual exchanges in which women are or feel dependent on men for basic needs.



# Epidemiology of HIV in Women: US

- **Proportion of all AIDS cases that occur in women have steadily increased since the HIV epidemic began.**
  - **1985 - 8% women**
  - **2004 - 27% women**

# Estimated Number and Proportion of AIDS Cases among Female Adults and Adolescents 1985–2005—United States and Dependent Areas



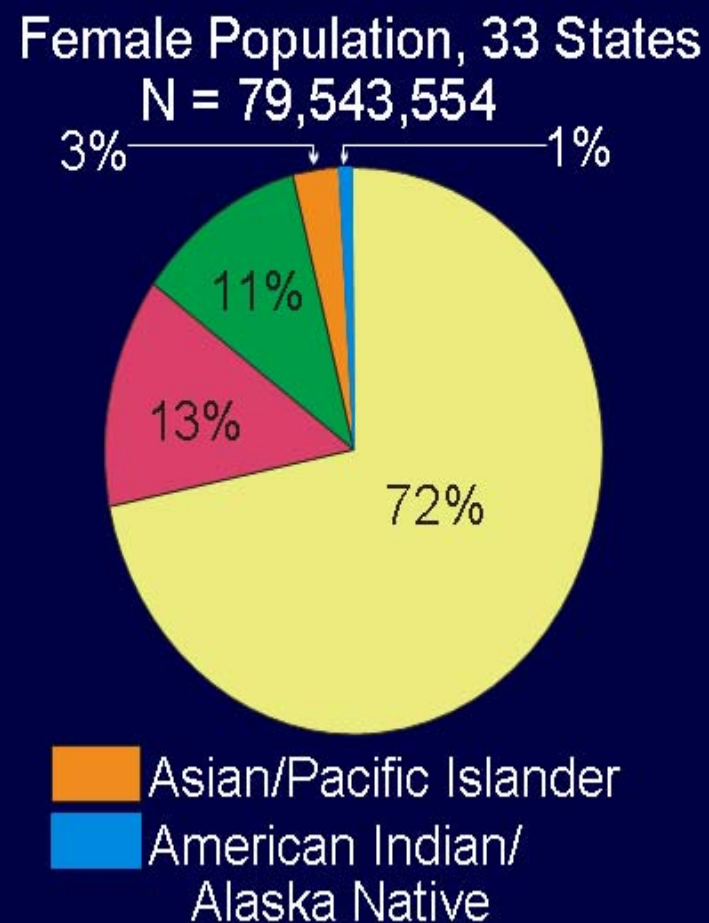
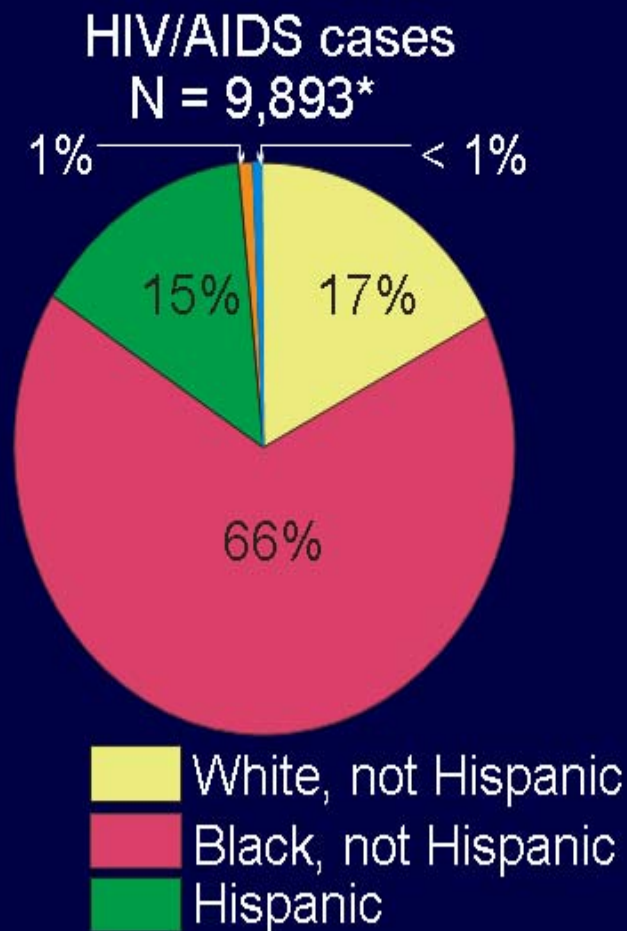
Note. Data have been adjusted for reporting delays.



# Epidemiology of HIV in Women: US

- **Women of color disproportionately infected**
  - **Hispanic and African American women**
    - **25% of all U.S. women**
    - **80% of women with HIV in the U.S.**

# Proportion of HIV/AIDS Cases and Population among Female Adults and Adolescents, by Race/Ethnicity 2005—33 States



Note. Data include persons with a diagnosis of HIV infection regardless of AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2001. Data have been adjusted for reporting delays.

\*Includes 87 female adults and adolescents of unknown race or multiple races.



# Epidemiology of HIV in Women

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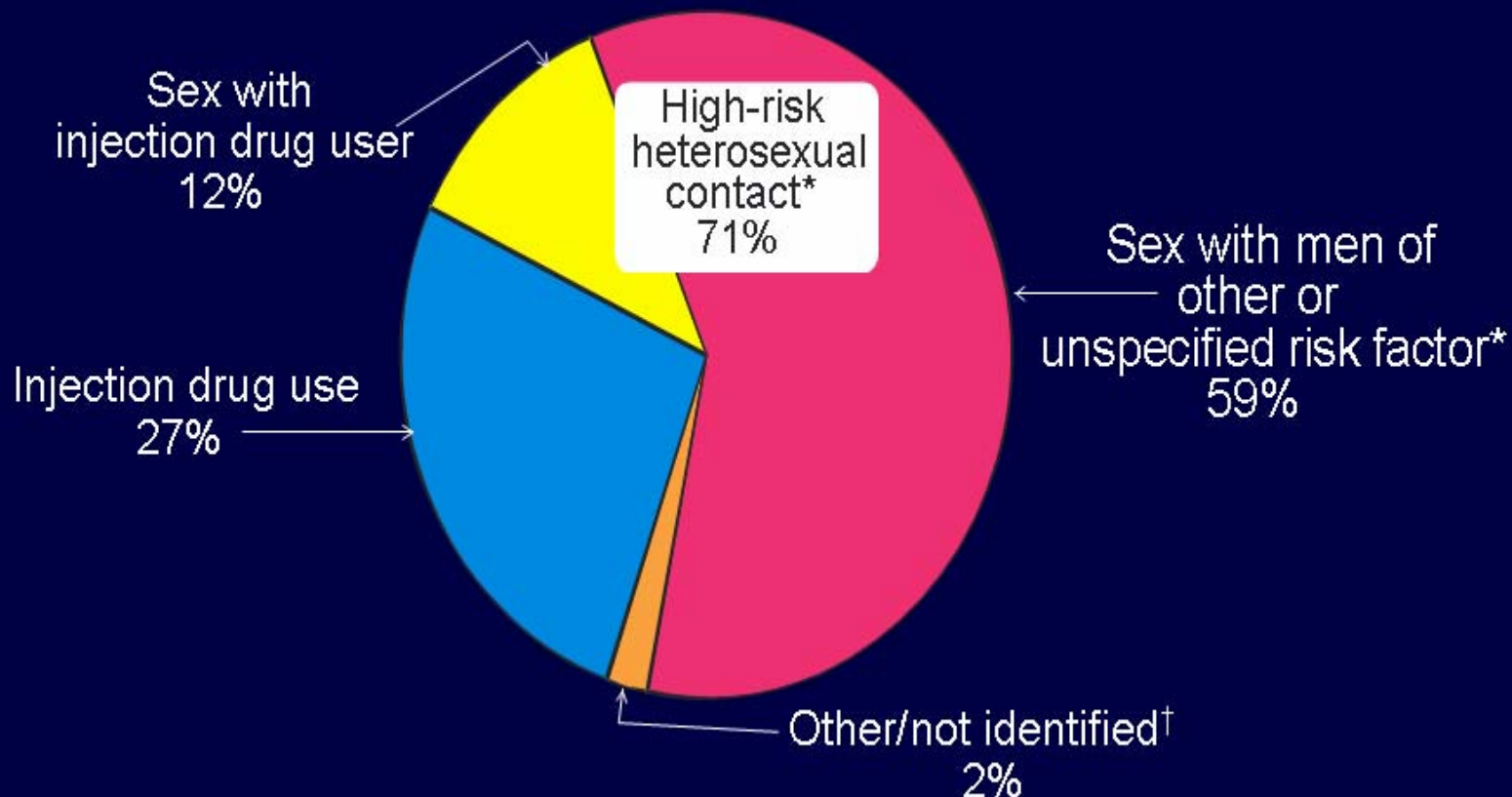
- **HIV infection in African American women in 2002:**
    - the leading cause of death: ages 25-34 years
    - 3rd leading cause of death: ages 35-44 years
    - 4th leading cause of death: ages 45-54 years  
and for Hispanic women aged 35-44 years
- (CDC, May 2006)

# But my partner didn't look positive.

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- **Most women are infected by men.**
- **Most of these women are unaware of their partner's HIV risk factors.**
  - Sex with another man
  - Injection drug use
  - Sex with an infected woman
  - Other medical factors
  - HIV infection, risk unknown

# Proportion of AIDS Cases among Female Adults and Adolescents, by Transmission Category 2005—United States and Dependent Areas



Note. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

\*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

†Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



# HIV is important but. . .

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- HIV is uncurable, expensive, still deadly, and can affect anyone.

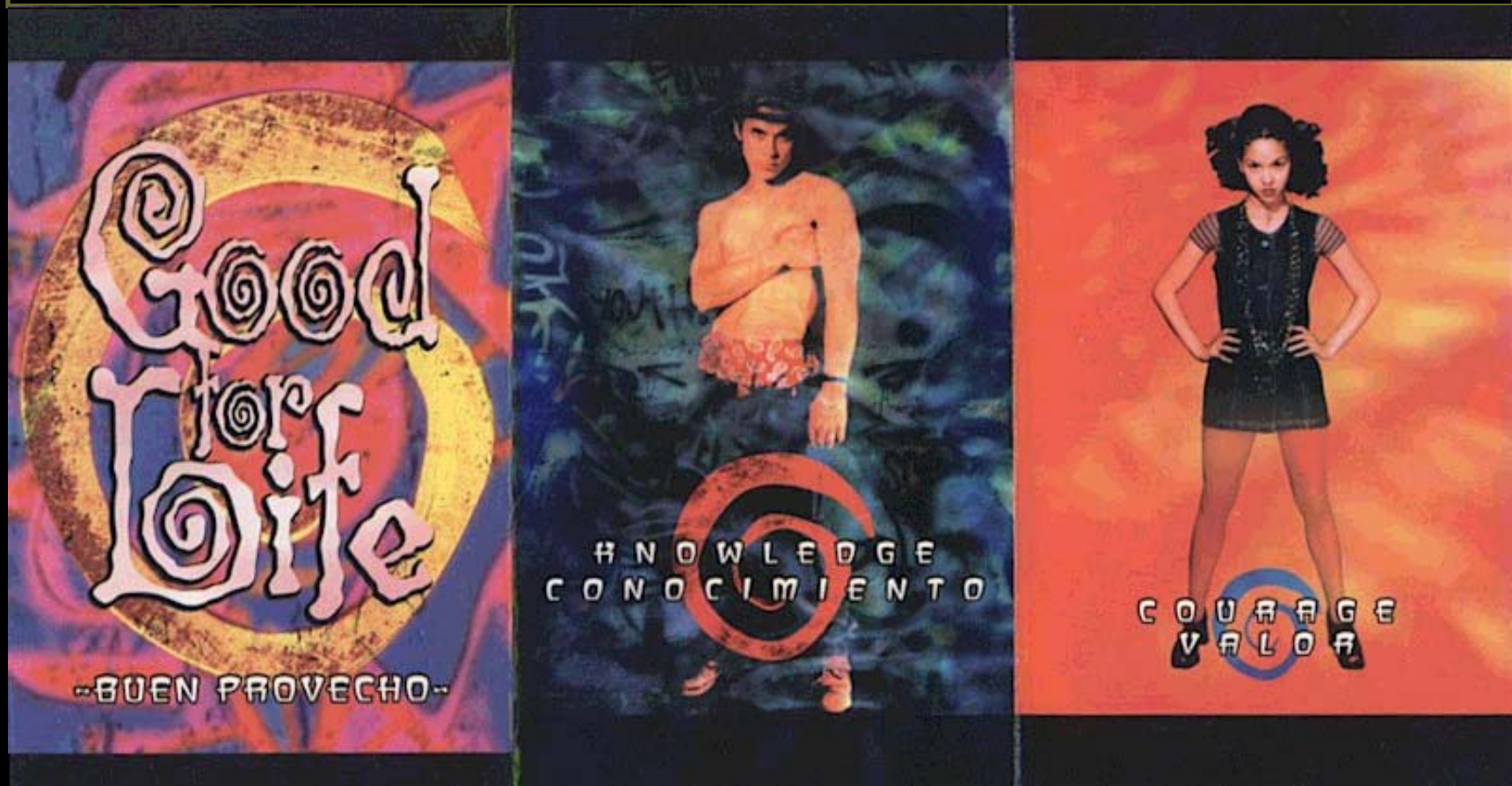
## **BUT**

- High school students are still at much higher risk for other STDs.
  - Especially gonorrhea, Chlamydia, human papilloma virus (HPV), herpes, trichomonas, and bacterial vaginosis.



STDs are among the most common diseases in the world.

# Young People and STDs



# Young People and STDs

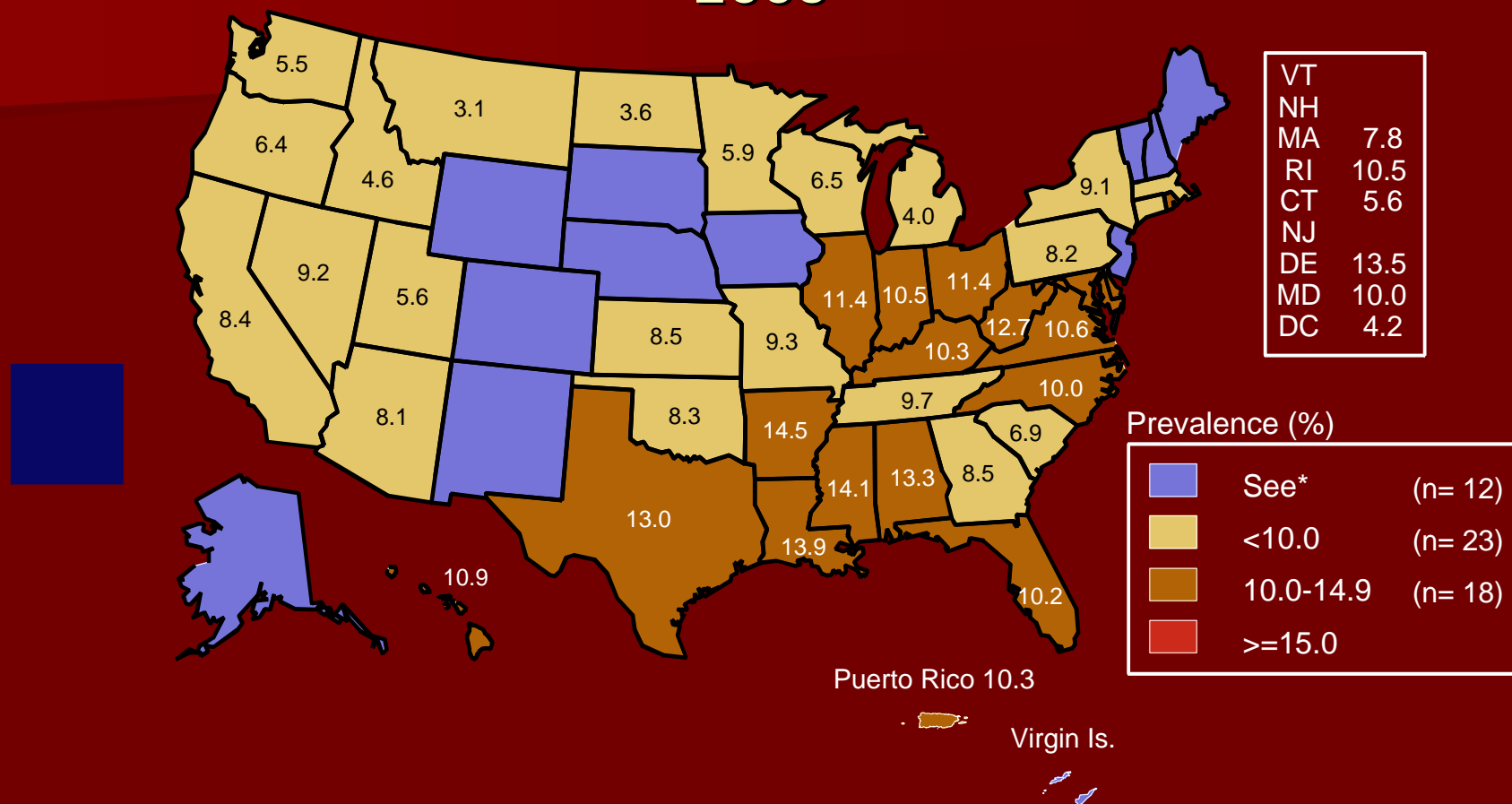
## Main Points

- Young people are at high risk for STDs.
- STDs are preventable.
- STDs are transmitted by unprotected anal, oral or vaginal sex.
- Sexually active young people should be tested and treated for STDs.

# Young people are at risk for STDs

- People < 25 years account for 66% of new STD infections.
- Many sexually active young people do not practice safer sex consistently.
  - Just 55% of high school students who had sex in the last 3 months used a condom the last time they had sex. (\*Behavioral Risk Factor Surveillance Study)

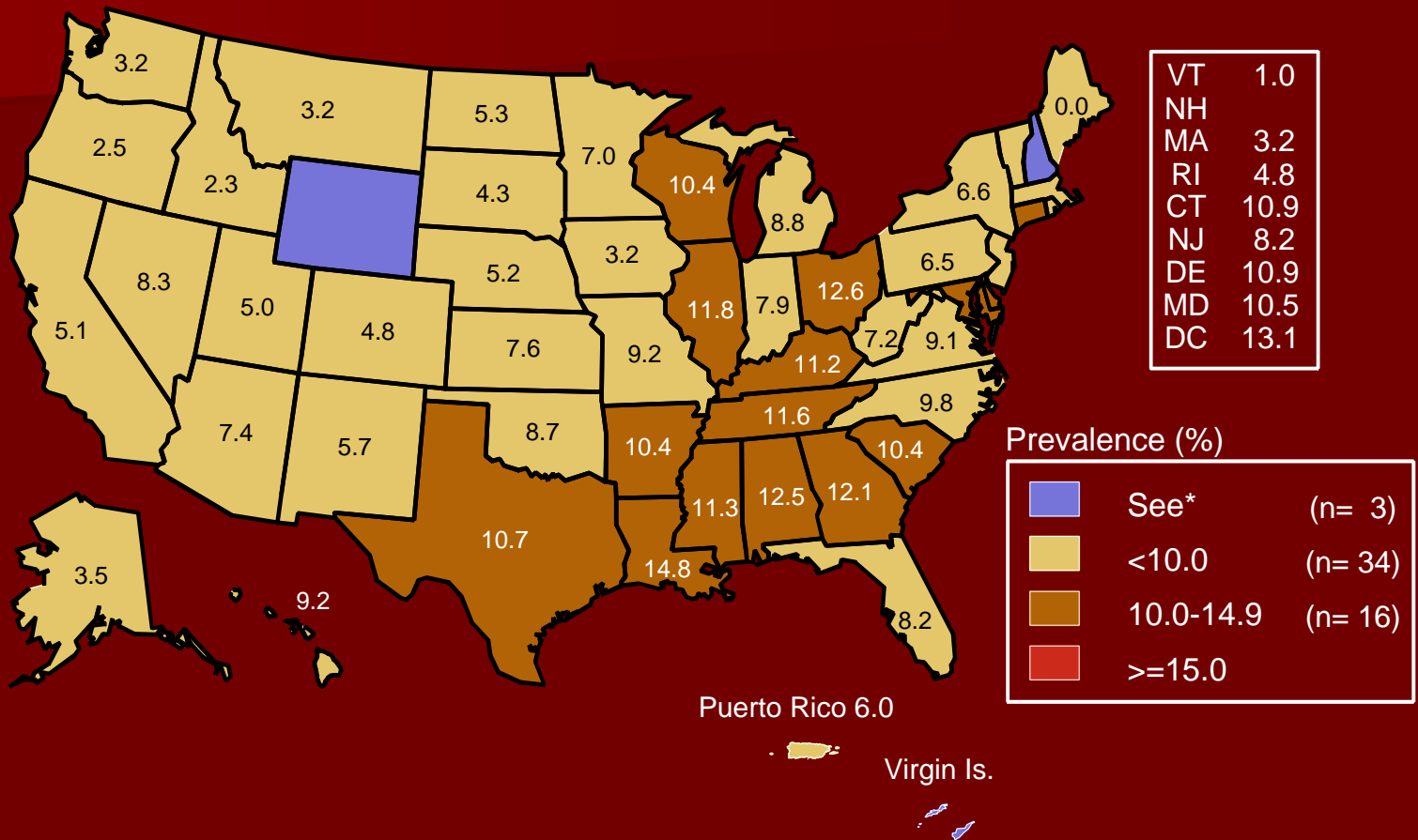
# Chlamydia — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2005



\*Fewer than 100 women residing in these states/areas and entering the National Job Training Program were screened for chlamydia in 2005.

Note: The median state-specific chlamydia prevalence among female students entering the National Job Training Program in 2005 was 9.2% (range 3.1% to 14.5%).

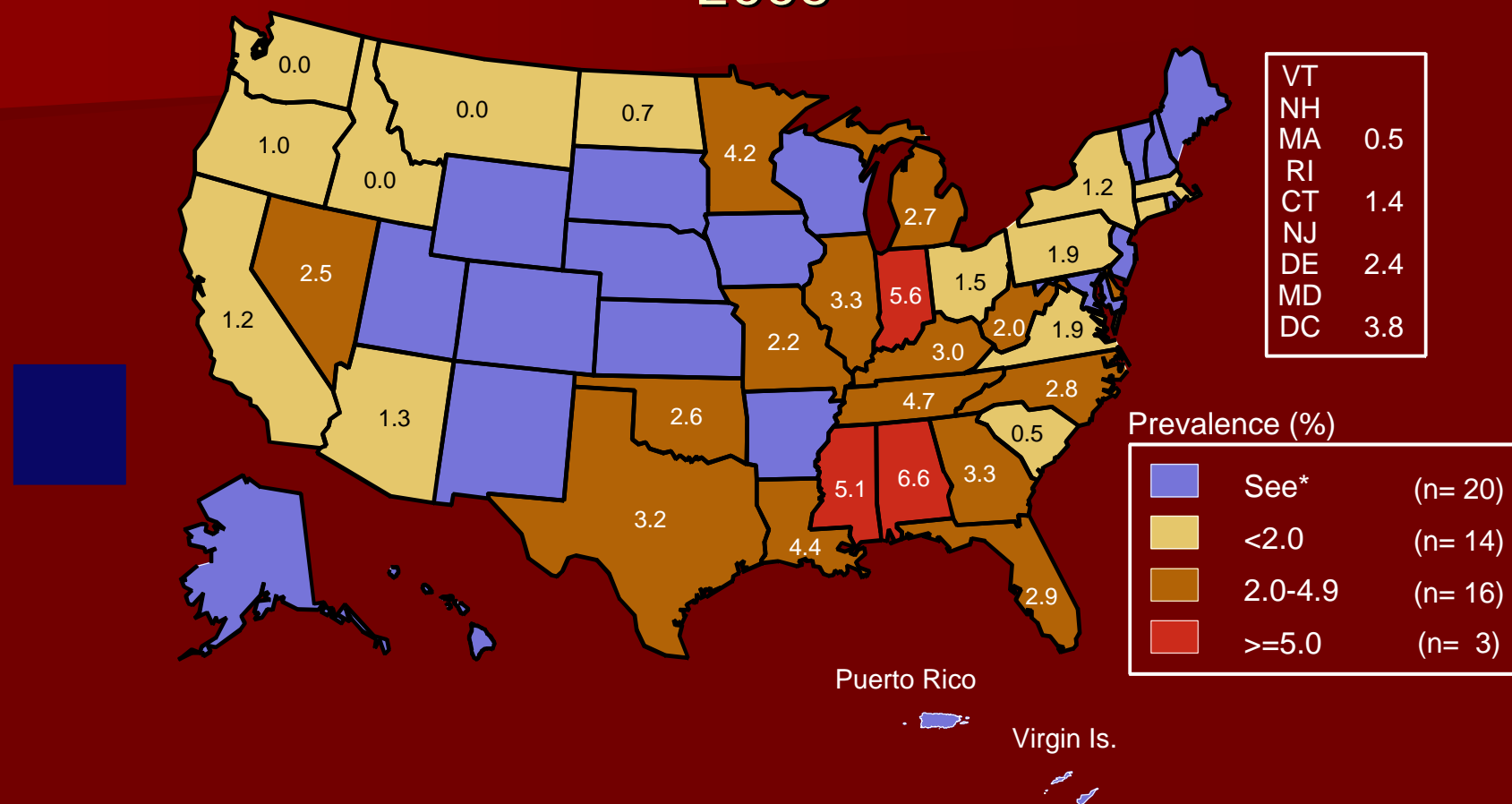
# Chlamydia — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2005



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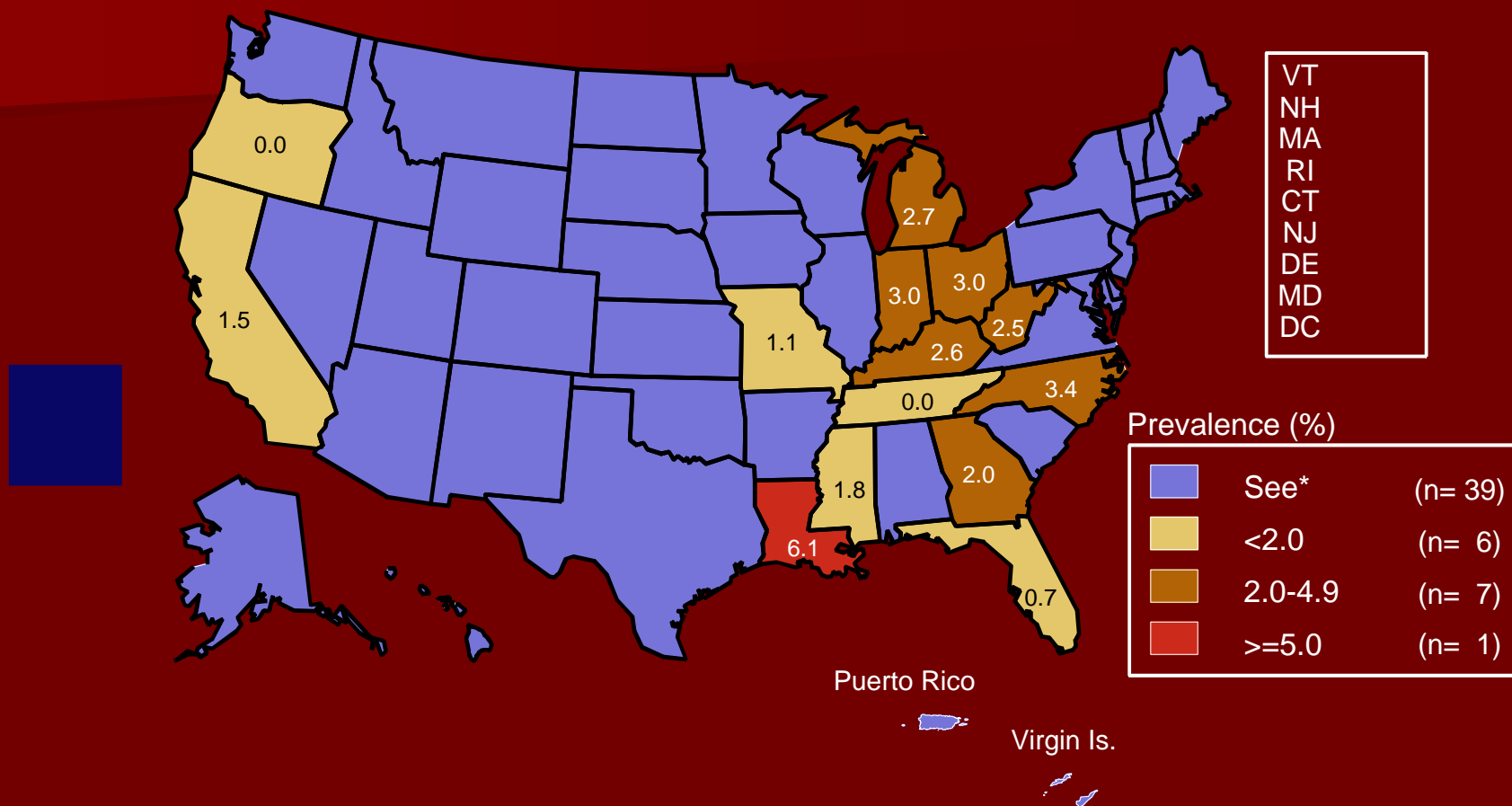
Note: The median state-specific chlamydia prevalence among male students entering the National Job Training Program in 2005 was 8.1% (range 0.0% to 14.8%).

# Gonorrhea — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2005



\*Fewer than 100 women residing in these states/areas and entering the National Job Training Program were screened for gonorrhea by the national contract laboratory in 2005.

# Gonorrhea — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2005



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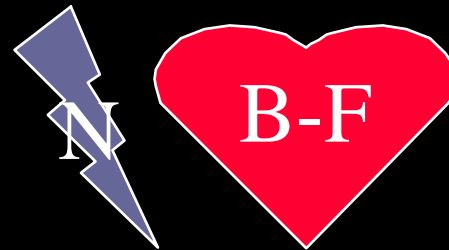
# Two Kinds of Sexual Transmission

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■ 1) Skin to Skin



■ 2) Body Fluid



# STD Transmission



- Genital Herpes
- Genital Warts (HPV)
- Syphilis
- Pubic Lice
- Scabies



- Chlamydia
- Gonorrhea
- HIV
- Hepatitis A
- Hepatitis B
- Hepatitis C

# Prevention

- Abstinence
- Delayed sexual activity
- Mutual monogamy with uninfected partner
- Limited sexual contact (non-penetrative)



# Prevention



- Condoms - correct and consistent use
- Reduce number of sexual partners
- Talk with new partners about risk reduction
- Treatment of curable STDs, regular PAP tests, vaccination
  - *Avoid sex if you have symptoms of an STD*
  - *Notify recent partners if you have an STD*

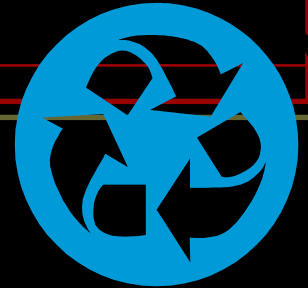
# Condom Effectiveness



Latex and polyurethane condoms

- Prevent pregnancy up to 98 percent of the time when used properly.
- Help prevent HIV and many STDs
  - In studies, among 124 discordant couples who used condoms consistently over 2 years, none of the uninfected partners became infected with HIV.

# HIV and other STDs are connected.



- same behaviors
- same feelings of susceptibility and personal concern
- increased HIV transmission risk
  - If someone has another STD they are three to five times more likely to transmit or acquire HIV than if they do not.

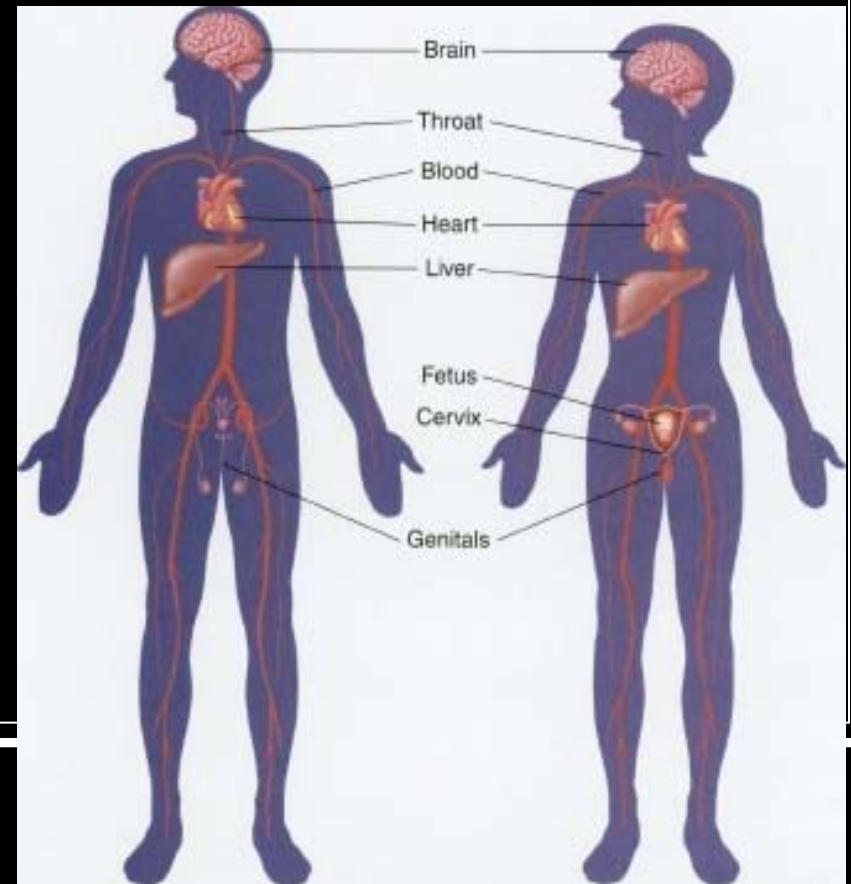
**But my partner did not look like he had an STD.**

- Many STDS do not have symptoms.
  - Chlamydia: 75% of women, 50% of men
  - Gonorrhea: 50% of women, 10% of men
  - Most people with HIV look and feel healthy for years prior to becoming ill.

# Sexually active youth should be tested and treated for STDs.

## ■ Untreated STDs can have serious consequences.

- PID
- Infertility
- Transmission to newborns
- Ectopic pregnancy
- Pregnancy complications
- Delivery complications
- Stillbirth
- Cancer
- Higher risk for HIV
- Death



# What every woman needs to know:

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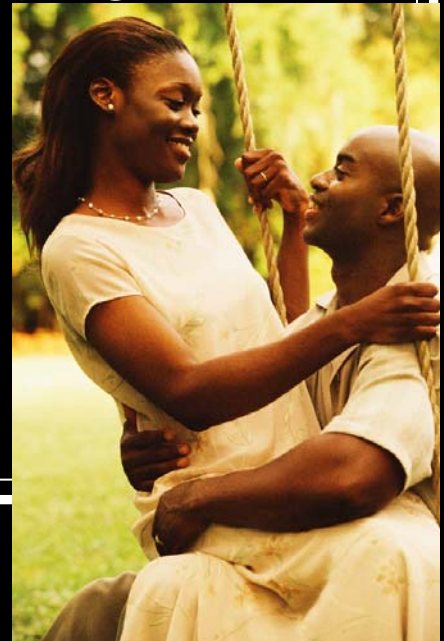
- ✓ How to say no.
- ✓ Whether they want to say no.
- ✓ What a healthy penis and vagina look and feel like.
- ✓ How their history affects their sexual attitudes and behaviors.



# What every woman needs to know

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- ✓ How to properly use a condom.
- ✓ How to negotiate condom use with a partner.
- ✓ How to discuss HIV/STD testing with a partner.
- ✓ Where to get an HIV/STD test.



# Recognize

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- These are things everyone should know and take time to learn.
- Remember:
  - Your health is a priority.
  - Your sexuality is central to your power.
  - Respect starts within.

# Reasons for high levels of HIV among women of color

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## Strong evidence

- high STD rates
- high poverty rates
- delays in accessing STD/HIV treatment
- crack epidemic
- bisexual activity among some men
- higher risk behaviors (in some cases)